JNITED STATES PATENT AND TRADEMAL





Applicant:

OGATA et al.

Docket:

10873.661US01

Title:

MOUNT FRAME FOR BATTERY MODULES AND METHOD FOR MOUNTING BATTERY

MODULES USING THE SAME

## **CERTIFICATE UNDER 37 CFR 1.10**

'Express Mail' mailing label number: EL815522314US

Date of Deposit: April 9, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.



BOX PATENT APPLICATION **Assistant Commissioner for Patents** 

Washington, D.C. 20231

Sir:

BEST AVAILABLE COPY

We are transmitting herewith the attached:

Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.

Utility Patent Application: Spec. 8 pgs; 7 claims; Abstract 1 pg.

The fee has been calculated as shown below in the 'Claims as Filed' table.

7 sheets of formal drawings

Certified copy of a Japanese application, Serial No. 2000-110694, filed April 12, 2000, the right of priority of which is claimed under 35 U.S.C. 119

A signed Combined Declaration and Power of Attorney

Assignment of the invention to Matsushita Electric Industrial Co., Ltd and Toyota Jidosha Kabushiki Kaisha, Recordation Form Cover Sheet

A check in the amount of \$710.00 to cover the Filing Fee

A check for \$40.00 to cover the Assignment Recording Fee.

Other: Communication re: Priority claim

Return postcard

## CLAIMS AS FILED

| Number of Claims Filed       |   | In Excess of: |   | Number<br>Extra |   | Rate  |   | Fee      |
|------------------------------|---|---------------|---|-----------------|---|-------|---|----------|
| Basic Filing Fee             |   |               |   |                 |   |       |   | \$710.00 |
| Total Claims                 |   |               |   |                 |   | 0     |   |          |
| 7                            | - | 20            | = | 0               | х | 18.00 | = | \$0.00   |
| Independent Claims           |   |               |   |                 |   |       |   |          |
| 1                            | - | 3             | = | 0               | х | 80.00 | = | \$0.00   |
| MULTIPLE DEPENDENT CLAIM FEE |   |               |   |                 |   |       |   | \$0.00   |
| TOTAL FILING FEE             |   |               |   |                 |   |       |   | \$710.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C.

P.O. Box 2903, Minneapolis, MN 55402-0903

(612) 332-5300

Name: Douglas P. Mueller

Reg. No.: 30,300 Initials: DPM/tvm



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